 Name			FORM #172
Address			
	Charles	7' . C. 1.	
City	State	Zip Code	
Phone Number			
Name			
Address			
City	State	Zip Code	
Phone Number			
In re the Parenti		RAVA	Cause No.:
	ing of:	RAVA	LLI COUNTY
In re the Parenti	ing of:	RAVA	Cause No.:
In re the Parenti	ing of:	RAVA	Cause No.:
In re the Parenti	ing of: ); Co-F	RAVA	Cause No.: Department No.:  CONSENT TO
In re the Parenti minor child(ren) and The [	ing of:	Petitioner,	Cause No.: Department No.:  CONSENT TO

waives his/her right to appear and testify at the final hearing on this matter. All outstanding issues between the parties have been resolved.

	DATED this day of	
		Co-Petitioner
	CLIDCODIDED AND CWOD	
20		N to before me this day of
		Name ( <i>printed</i> ):
		Notary Public for the State of Montana.
		Residing at My Commission Expires